

United States Senator Elizabeth Warren

(美国参议员伊丽莎白·沃伦)

Privacy Act Release Form(隐私法释放表格)

Please fill out this form so that the office of Senator Warren can assist you in the matter you describe below. Pursuant to the Privacy Act of 1974, our office cannot assist individuals without their express written consent. (请填写这张表格, 以便沃伦参议员办公室可以在你下面描述的事情上协助你. 根据1974年的《隐私法》, 我们的办公室不能在未经个人书面同意的情况下帮助他们。)

1. ☐ Mr. (先生) ☐ Mrs. (太太) ☐ Ms. (小姐) Name(名字):

Date of Birth(出生年月): Home Phone(家庭电话):

Email(电子邮箱): Cell Phone(手机电话):

Address(地址):

City(城市): State(州): Zip(邮政编码):

If applicable, please provide us with the following information (如果适用, 请向我们提供以下信息):

Social Security#(社会安全号码):	Alien Registration#(绿卡号码):
Veteran's Claim#(退伍军人索赔号码):	Rank(级别):
Branch of Service(服务部门):	Student Loan Account#(学生贷款账户号码):
USCIS Case#(USCIS个案号码):	Receipt/Priority Date(收据/优先日期):
Interview Date(面试日期):	Housing Loan Account#(住房贷款账户号码):

2. Please provide a brief explanation of your reason for requesting assistance from Senator Elizabeth Warren's office in the space provided below and attach copies of any supporting documents(请简要说明你要求参议员伊丽莎白·沃伦办公室提供帮助的原因, 并附上任何证明文件):

3. As required by Public Law 93-579, the Privacy Act, I hereby request and authorize Senator Elizabeth Warren and her staff to intercede on my behalf, including the right to review all appropriate documentation that she or her staff deems necessary in connection with the application for assistance or any other action I have pending with the agency named below. I understand that any documents I provide to Senator Elizabeth Warren or her staff maybe copied and forwarded to officials of the agency listed below for review(根据公共法例93-579, 《隐私法》的要求, 我在此请求并授权伊丽莎白·沃伦参议员和她的工作人员代表我办事, 包括审查她或她的工作人员认为与申请援助或我在下列机构中有待解决的任何其他行动有关的所有适当文件的权利。我明白我提供给伊丽莎白·沃伦参议员或她的工作人员的任何文件都可以复制并转发给以下机构的官员进行审查)。

I, _____, hereby authorize the Office of Senator Elizabeth Warren to act on my behalf with _____ and therefore, waive all rights in the release of any and all related information and records (我, _____, 特此授权伊丽莎白·沃伦参议员办公室代表我与_____合作, 因此放弃释放任何所有相关信息和记录的所有权利)。

I also understand that this inquiry may not conclude in my best interest. I sign this waiver in good conscience and without mental reservation. (我也明白, 这次查询的结果可能不符合我的最佳利益。我凭良心和精神上毫无保留地签署这份弃权书)。

Signature (签名): _____

Date (日期): _____

[Office use only] Staff (仅供办公室使用) 职员:

Case Number (个案号码):